A ETHICS AND SURE BO

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

2010 JUL 15 AM 9:41

File with: (owa Ethics and Campaign Disclosure Board 510 E. 12^h, Sts. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	15.23.22.1		Λ.	1	
COMMITTEE NAME (Must be same as on Statement of Org	anization)		Ulm	NON	
Committee to Elect Mike Wolf	•	1 1 1	ORM		
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Cend Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	2)State PAC / 5 \State Party	(Re	PR-2 v. 12/2009) Office Use Orli	DISCLOSURE REPORT	
CANDIDATE COMMITTEES ONLY: Candidate Name Michael L. Wolf	Political Party (if applicable) Republican	Logg Scar	Logged in Scanned Computer		
Office Sought Clinton County Attorney	District (if Senate or House)	Audi	Audited		
Late reports are subject to possible civil and criminal panaities. Pucandidate's committee, and the chairperson, for any other type of	rsuant to lowa Code sections 68B.32A committee, is the individual responsible	(7) and 68A.4 for filing time	101(3), the care	didate, for a e reports.	
Semann A Volu- SIGNATURE OF PERSON FILING REPORT	515-370-1307	Ju	ly 15, 2010		
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SI	GNED	
I AM FILING A July 19, 2010 (report date)	REPORT FOR (1) ELECTION		ECTION YEA	R.	
☐CHECK IF AMENDMENT TO REPORT DATED			itees, enter Date	of Florion	
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3. d.)	County & Loc which Electic	al Committees, n is held	enter County in	
STATEMENT OF CASH ON HAN	D			· · · · · · · · · · · · · · · · · · ·	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is to	cash on hand at the end	\$	\$1,895.2	2	
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Sched	iule A) (*also see in-kind below)	********	-0-		
Schedule F: Loans Received total (Attach Schedule	F)	940117022274	-0-	·	
Schedule H: Total Sales of Campaign Property (Att	ach Schedule H)	********	-0-		
(Schedule H applies to Candidates' Com	<u>mittees Only)</u> SUB-TOTAL		\$1,895.2	22	
SUBTRACT TOTAL MONEY SPENT THIS PERIOR	0		-0-		
Schedule B: Expenditures total (Attach Schedule B	• -				
Schedule F: Loan Repayments total (Attach Schedule	ule F)	*********	-0-		
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	\$	\$1,895 <i>.2</i>	2	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	# T # (1.53	\$	<u></u>		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	edule E)	\$	-0-		
**OUTSTANDING LOANS (From Schedule F - Attach Sched	ule F)	\$	\$11,406.2	5	
CONSULTANT BREAKDOWN (Schedule G Attached?)		•	YES _X_I	NO	
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Att	ach Schedule H)	\$	-0-		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

	EBACK OF FORM		SCHEDULE	
MMITTEE NAME(Must Committee to Ele	be same as on Statement of Organization) act Mike Wolf		(Rev. 02/08)	LOANS RECEIVEI & REPAID
			CHECK 1	HIS BOX
	Its money loaned to the committee which is deposited in \$11,416.25		AMENDIN	
RTI- MONETARY LO	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from can	ndidate's personal f	unds.)
DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT	FLOAN
RECEIVED (MM/DD/YR)	(Include Endorser's Name, if Applicable)	CANDIDATE (if Applicab	ole*)	. 40, 11
			\$	1
L				
			•	
				1
ART II - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOR MUST be reported on Schedule E — In-kind Contributions	TOTAL (PART 1) D	\$	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAID
DATE PAID (MM/DD/YR)		3.)	ble)	REPAID
	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		REPAID
	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ble)	REPAID
	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ble)	REPAID
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	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ble)	REPAID
	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	ble)	REPAID
	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applical	ble)	REPAID
	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applical	ble) \$	REPAID
	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applical of Application (In Applical of Applical of Application (In Application of Application of Application (In Application of Application of Application of Application (In Application of Application of Application of Application (In Application of	\$	